

# LONG STAY PRESCRIPTION AND ADMINISTRATION RECORD



Hospital Name: .....

PATIENT DETAILS		<b>Date and time this form prepared:</b>	<b>Sheet No</b>	<b>2nd Prescription in use</b>
<b>AFFIX PATIENT DEMOGRAPHIC LABEL</b>	Height:	/ /	Time: _____	.....
	Weight:	YES <input type="checkbox"/> NO <input type="checkbox"/>		
	Surface Area:	MEDICINES RECONCILIATION		
	Consultant Name:	Medicines Reconciled on Admission	YES <input type="checkbox"/>	
		Date _____	Name (Print) _____	
		Discharge Prescription Prepared & Reconciled YES <input type="checkbox"/>		
		Date _____	Name (Print) _____	

COMMUNITY PHARMACY INFORMATION	SYMPTOMATIC RELIEF POLICY DECLARATION
Name _____ Tel No. _____ Address _____ Compliance Aid Details _____ Patient consent to share discharge information Y/N _____ Print & Sign _____	I authorise nurse/midwife administration of the medicines included in the symptomatic relief policy: _____ with the following exceptions: _____ Print & Sign: _____ Date: _____

<b>ADULTS WITH INCAPACITY (SCOTLAND) ACT 2000</b>  YES / NO _____  EXPIRY DATE _____	<b>MENTAL HEALTH (CARE &amp; TREATMENT) (SCOTLAND) ACT 2003</b>  FORM T2 YES / NO _____ FORM T3 YES / NO _____  *If yes check treatment plan details before prescribing*	<b>HIGH DOSE ANTIPSYCHOTIC MONITORING APPLICABLE</b>  YES / NO _____  DATE _____	AFFIX PHOTOGRAPH
--	---	--	------------------

## ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)

## DRUGS ADMINISTERED PRIOR TO HOSPITAL ARRIVAL

DATE	DRUG	DOSE	ROUTE	GIVEN BY (e.g. SAS, GP)	Time given

	DATE →																			
<b>RECORD OF THROMBOPROPHYLAXIS ASSESSMENT</b>																				
(IN EACH CASE RECORD WITH Y OR N - REASSESS NEED AT LEAST EVERY 48 HRS)																				
IS DRUG THROMBOPROPHYLAXIS CONTRAINDICATED?										Y / N										
ARE ANTIEMBOLIC STOCKINGS INDICATED?										Y / N										
SIGNATURE OF ASSESSOR																				
ARE ANTIEMBOLIC STOCKINGS ON PATIENT?										RECORD DAILY AT 1800 DRUG ROUND WITH Y OR N										

Parenteral Drugs : Regular Prescription										TIME ↓											
BEFORE ADMISSION <input type="checkbox"/>	NEW DOSE <input type="checkbox"/>	NEW MEDICATION <input type="checkbox"/>	<b>A</b>	DRUG ENOXAPARIN (Adults only)							STOPPED	DATE:	INITIALS:								
			DOSE Delete as appropriate	ROUTE	DATE																
			20 / 40mg	S/C																	
			PRESCRIBER (PRINT & SIGN)																		
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																					
BEFORE ADMISSION <input type="checkbox"/>	NEW DOSE <input type="checkbox"/>	NEW MEDICATION <input type="checkbox"/>	<b>B</b>	DRUG							STOPPED	DATE:	INITIALS:								
			DOSE	ROUTE	DATE																
			PRESCRIBER (PRINT & SIGN)																		
			ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																		
BEFORE ADMISSION <input type="checkbox"/>	NEW DOSE <input type="checkbox"/>	NEW MEDICATION <input type="checkbox"/>	<b>C</b>	DRUG							STOPPED	DATE:	INITIALS:								
			DOSE	ROUTE	DATE																
			PRESCRIBER (PRINT & SIGN)																		
			ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																		
BEFORE ADMISSION <input type="checkbox"/>	NEW DOSE <input type="checkbox"/>	NEW MEDICATION <input type="checkbox"/>	<b>D</b>	DRUG							STOPPED	DATE:	INITIALS:								
			DOSE	ROUTE	DATE																
			PRESCRIBER (PRINT & SIGN)																		
			ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																		
BEFORE ADMISSION <input type="checkbox"/>	NEW DOSE <input type="checkbox"/>	NEW MEDICATION <input type="checkbox"/>	<b>E</b>	DRUG							STOPPED	DATE:	INITIALS:								
			DOSE	ROUTE	DATE																
			PRESCRIBER (PRINT & SIGN)																		
			ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																		

**REVIEW THE NEED FOR IV ANTIBIOTIC DAILY. SWITCH TO ORAL THERAPY AS SOON AS POSSIBLE**



--	--	--	--	--	--	--	--	--	--

**RECORD OF THROMBOPROPHYLAXIS ASSESSMENT**  
 (RECORD WITH **Y** OR **N** - REASSESS NEED AT LEAST EVERY 48 HRS)


--	--	--	--	--	--	--	--






--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**RECORD OF THROMBOPROPHYLAXIS ASSESSMENT**

(IN EACH CASE RECORD WITH Y OR N - REASSESS NEED AT LEAST EVERY 48 HRS)



**REVIEW THE NEED FOR IV ANTIBIOTIC DAILY. SWITCH TO ORAL THERAPY AS SOON AS POSSIBLE**

**Drug OXYGEN**

Circle target oxygen saturation

88-92%    94-98%    Other \_\_\_\_\_

Starting device/flow rate \_\_\_\_\_

PRN/continuous (refer to O<sub>2</sub> guideline)

Tick here if saturation not indicated\*   

Date and signature \_\_\_\_\_

Print name \_\_\_\_\_

**Is oxygen on patient, if so record twice daily at 0800 and 2200 drug round**

DATE →  
TIME ↓

0800

2200

**Oral and Other Drugs:  
Regular Prescription**

DATE →  
TIME ↓

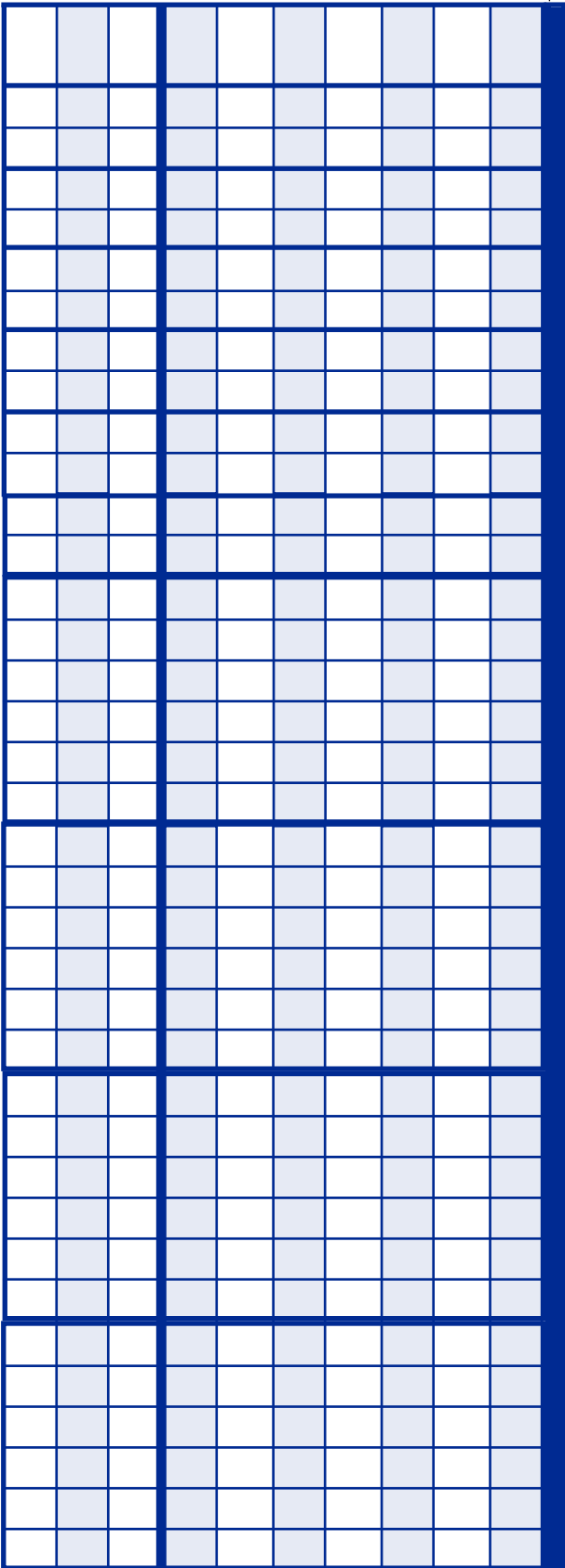
BEFORE ADMISSION <input type="checkbox"/>  NEW DOSE <input type="checkbox"/>  NEW MEDICATION <input type="checkbox"/>	<b>F</b>	DRUG			STOPPED DATE:  INITIALS:
	DOSE	ROUTE	DATE		
	PRESCRIBER (PRINT & SIGN)				
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				

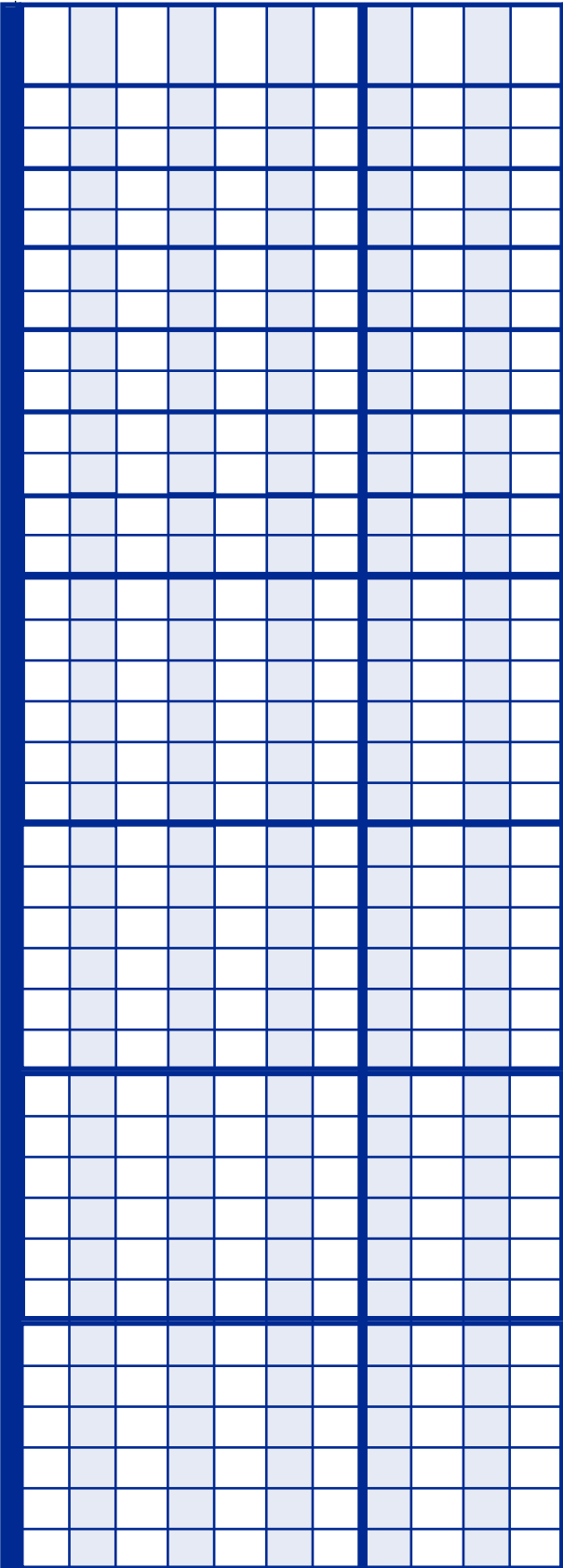
BEFORE ADMISSION <input type="checkbox"/>  NEW DOSE <input type="checkbox"/>  NEW MEDICATION <input type="checkbox"/>	<b>G</b>	DRUG			STOPPED DATE:  INITIALS:
	DOSE	ROUTE	DATE		
	PRESCRIBER (PRINT & SIGN)				
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				

BEFORE ADMISSION <input type="checkbox"/>  NEW DOSE <input type="checkbox"/>  NEW MEDICATION <input type="checkbox"/>	<b>H</b>	DRUG			STOPPED DATE:  INITIALS:
	DOSE	ROUTE	DATE		
	PRESCRIBER (PRINT & SIGN)				
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				

BEFORE ADMISSION <input type="checkbox"/>  NEW DOSE <input type="checkbox"/>  NEW MEDICATION <input type="checkbox"/>	<b>J</b>	DRUG			STOPPED DATE:  INITIALS:
	DOSE	ROUTE	DATE		
	PRESCRIBER (PRINT & SIGN)				
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				

**Note: To discontinue a prescription, initial and date appropriate boxes, draw a diagonal line through section & record reason**



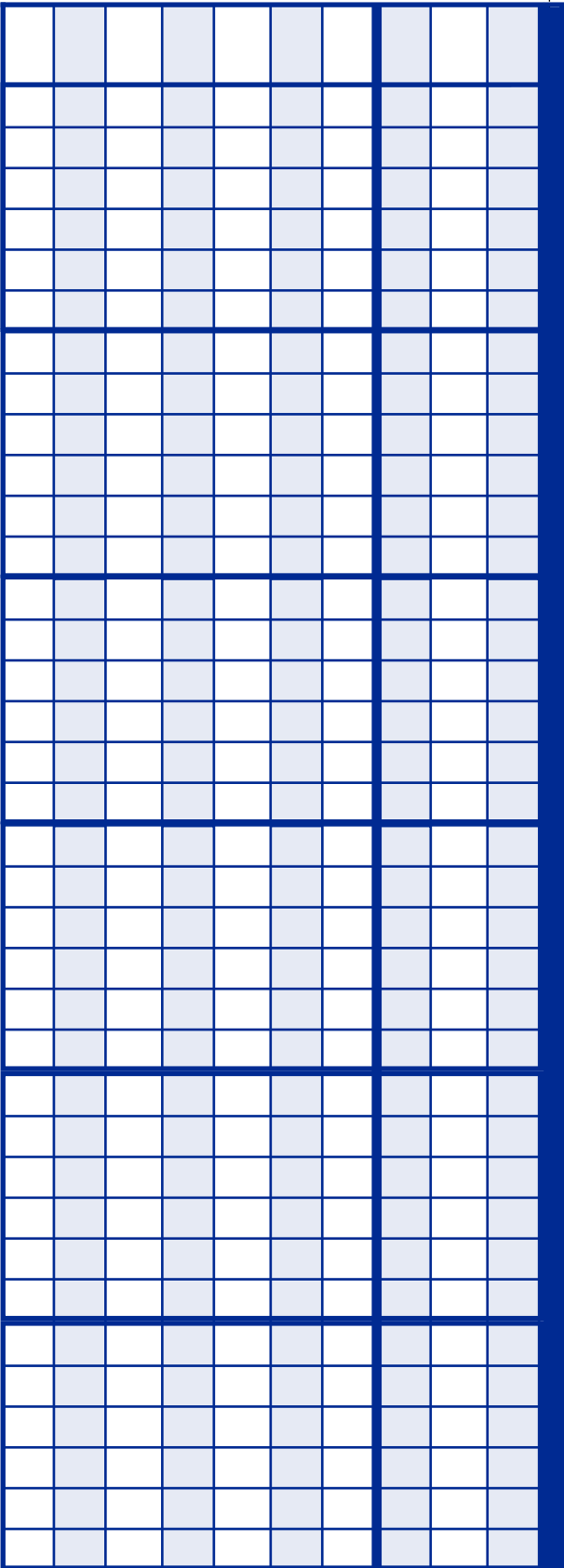


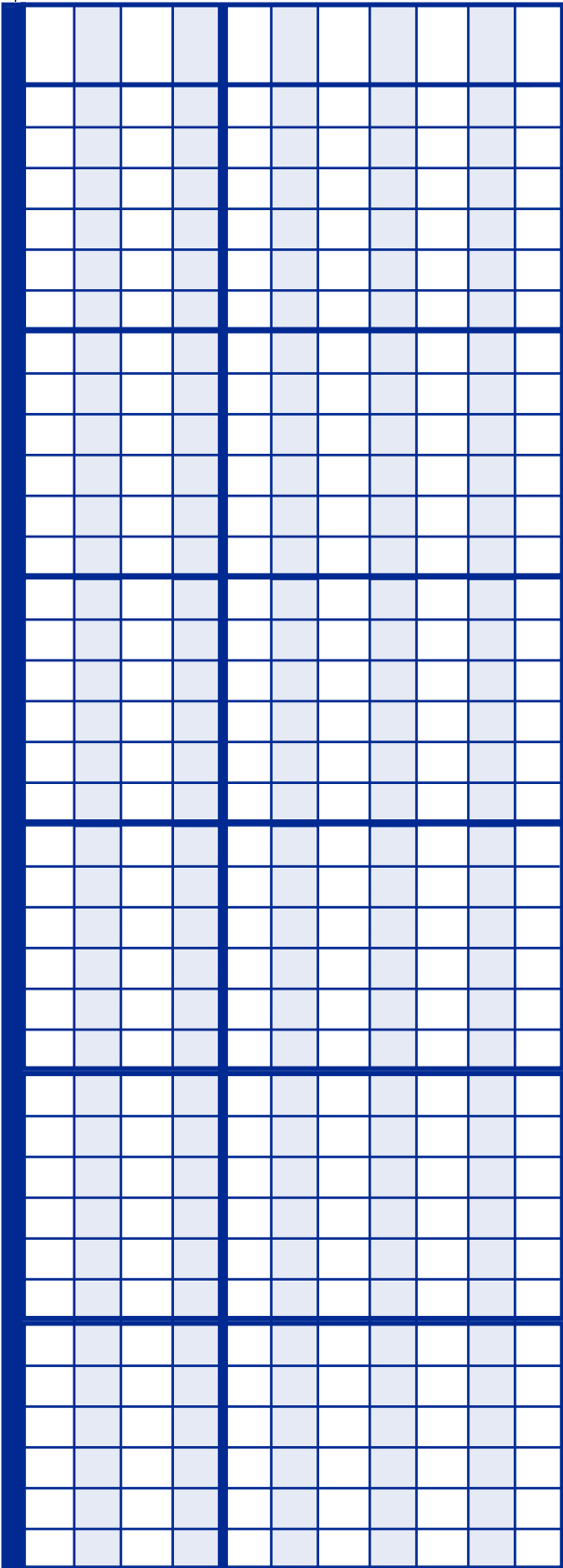



The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescription					DATE														
					TIME														
<b>BEFORE ADMISSION</b> <input type="checkbox"/>	<b>K</b>	<b>DRUG</b>																	
<b>NEW DOSE</b> <input type="checkbox"/>		DOSE	ROUTE	DATE	<b>STOPPED</b>	DATE:													
<b>NEW MEDICATION</b> <input type="checkbox"/>		PRESCRIBER (PRINT & SIGN)				INITIALS:													
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																	
<b>BEFORE ADMISSION</b> <input type="checkbox"/>	<b>L</b>	<b>DRUG</b>																	
<b>NEW DOSE</b> <input type="checkbox"/>		DOSE	ROUTE	DATE	<b>STOPPED</b>	DATE:													
<b>NEW MEDICATION</b> <input type="checkbox"/>		PRESCRIBER (PRINT & SIGN)				INITIALS:													
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																	
<b>BEFORE ADMISSION</b> <input type="checkbox"/>	<b>M</b>	<b>DRUG</b>																	
<b>NEW DOSE</b> <input type="checkbox"/>		DOSE	ROUTE	DATE	<b>STOPPED</b>	DATE:													
<b>NEW MEDICATION</b> <input type="checkbox"/>		PRESCRIBER (PRINT & SIGN)				INITIALS:													
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																	
<b>BEFORE ADMISSION</b> <input type="checkbox"/>	<b>N</b>	<b>DRUG</b>																	
<b>NEW DOSE</b> <input type="checkbox"/>		DOSE	ROUTE	DATE	<b>STOPPED</b>	DATE:													
<b>NEW MEDICATION</b> <input type="checkbox"/>		PRESCRIBER (PRINT & SIGN)				INITIALS:													
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																	
<b>BEFORE ADMISSION</b> <input type="checkbox"/>	<b>P</b>	<b>DRUG</b>																	
<b>NEW DOSE</b> <input type="checkbox"/>		DOSE	ROUTE	DATE	<b>STOPPED</b>	DATE:													
<b>NEW MEDICATION</b> <input type="checkbox"/>		PRESCRIBER (PRINT & SIGN)				INITIALS:													
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																	
<b>BEFORE ADMISSION</b> <input type="checkbox"/>	<b>R</b>	<b>DRUG</b>																	
<b>NEW DOSE</b> <input type="checkbox"/>		DOSE	ROUTE	DATE	<b>STOPPED</b>	DATE:													
<b>NEW MEDICATION</b> <input type="checkbox"/>		PRESCRIBER (PRINT & SIGN)				INITIALS:													
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																	

**Note: To discontinue a prescription, initial and date appropriate boxes, draw a diagonal line through section & record reason**

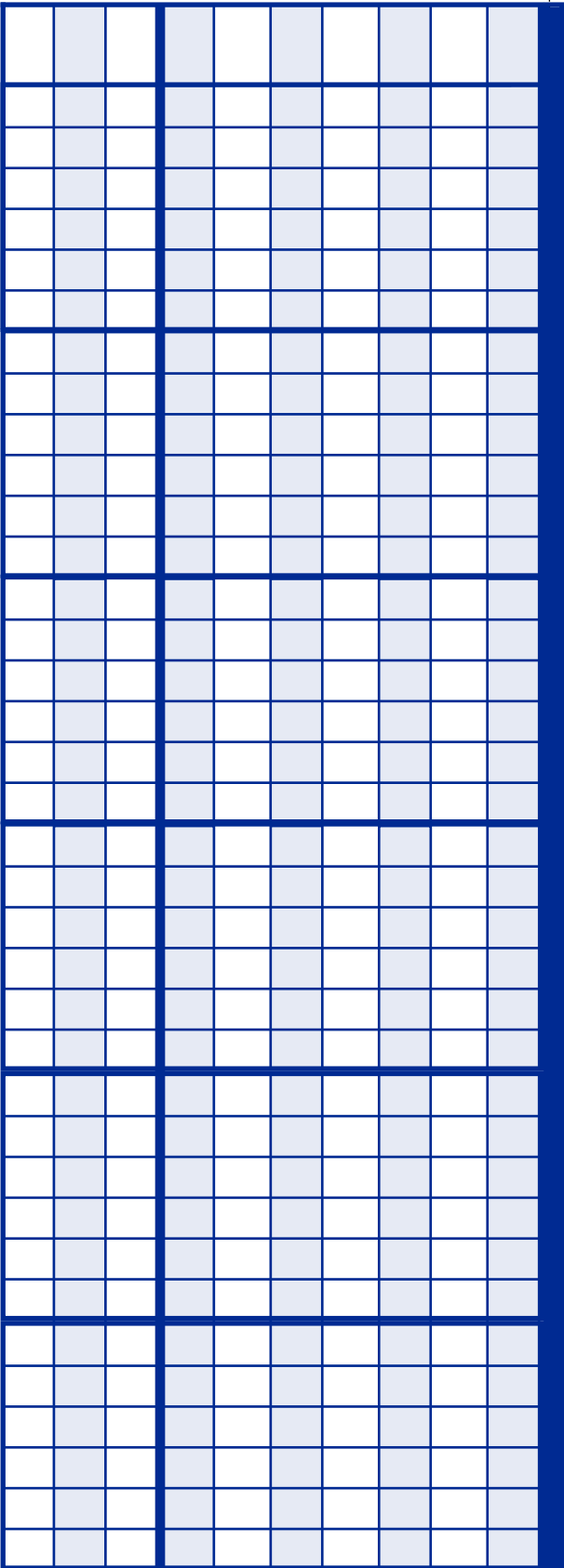


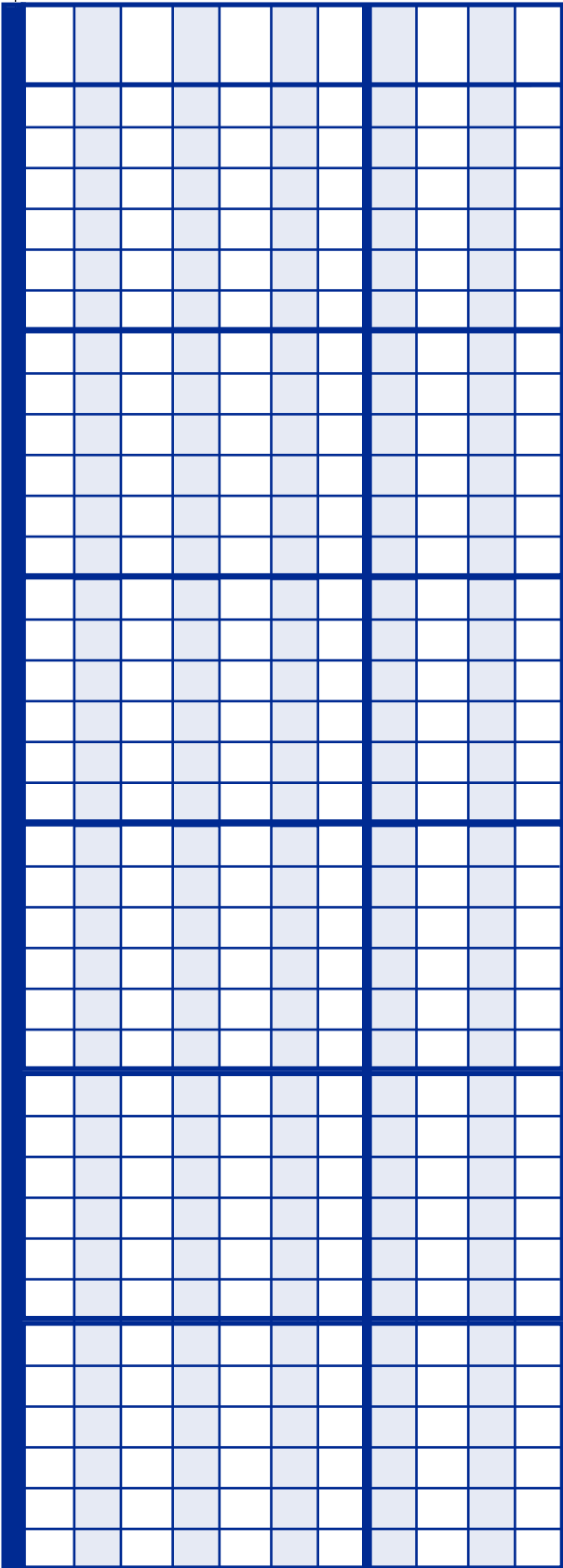



The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescription					DATE																
					TIME																
<b>BEFORE ADMISSION</b> <input type="checkbox"/>	<b>S</b>	<b>DRUG</b>			<b>STOPPED</b>	DATE:															
<b>NEW DOSE</b> <input type="checkbox"/>		DOSE	ROUTE	DATE			INITIALS:														
<b>NEW MEDICATION</b> <input type="checkbox"/>		PRESCRIBER (PRINT & SIGN)																			
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																			
<b>BEFORE ADMISSION</b> <input type="checkbox"/>	<b>T</b>	<b>DRUG</b>			<b>STOPPED</b>	DATE:															
<b>NEW DOSE</b> <input type="checkbox"/>		DOSE	ROUTE	DATE			INITIALS:														
<b>NEW MEDICATION</b> <input type="checkbox"/>		PRESCRIBER (PRINT & SIGN)																			
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																			
<b>BEFORE ADMISSION</b> <input type="checkbox"/>	<b>V</b>	<b>DRUG</b>			<b>STOPPED</b>	DATE:															
<b>NEW DOSE</b> <input type="checkbox"/>		DOSE	ROUTE	DATE			INITIALS:														
<b>NEW MEDICATION</b> <input type="checkbox"/>		PRESCRIBER (PRINT & SIGN)																			
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																			
<b>BEFORE ADMISSION</b> <input type="checkbox"/>	<b>W</b>	<b>DRUG</b>			<b>STOPPED</b>	DATE:															
<b>NEW DOSE</b> <input type="checkbox"/>		DOSE	ROUTE	DATE			INITIALS:														
<b>NEW MEDICATION</b> <input type="checkbox"/>		PRESCRIBER (PRINT & SIGN)																			
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																			
<b>BEFORE ADMISSION</b> <input type="checkbox"/>	<b>X</b>	<b>DRUG</b>			<b>STOPPED</b>	DATE:															
<b>NEW DOSE</b> <input type="checkbox"/>		DOSE	ROUTE	DATE			INITIALS:														
<b>NEW MEDICATION</b> <input type="checkbox"/>		PRESCRIBER (PRINT & SIGN)																			
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																			
<b>BEFORE ADMISSION</b> <input type="checkbox"/>	<b>Y</b>	<b>DRUG</b>			<b>STOPPED</b>	DATE:															
<b>NEW DOSE</b> <input type="checkbox"/>		DOSE	ROUTE	DATE			INITIALS:														
<b>NEW MEDICATION</b> <input type="checkbox"/>		PRESCRIBER (PRINT & SIGN)																			
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																			

**Note: To discontinue a prescription, initial and date appropriate boxes, draw a diagonal line through section & record reason**





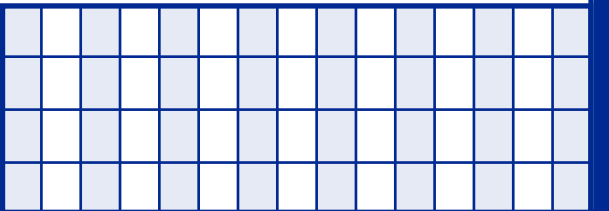
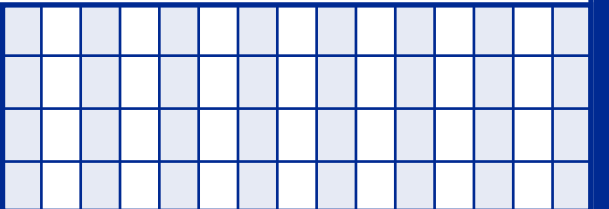
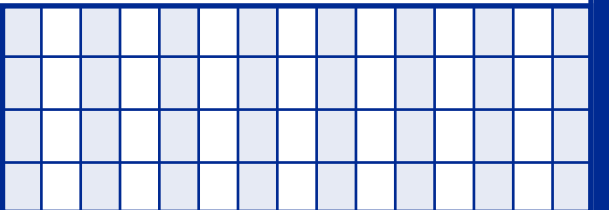
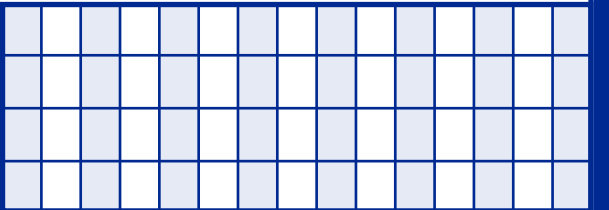
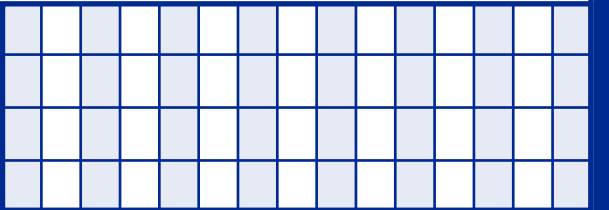
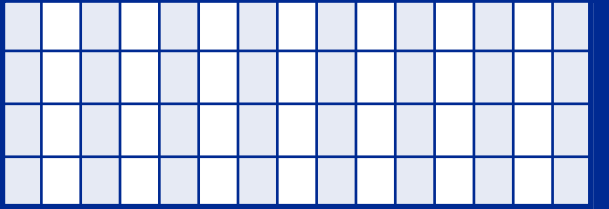


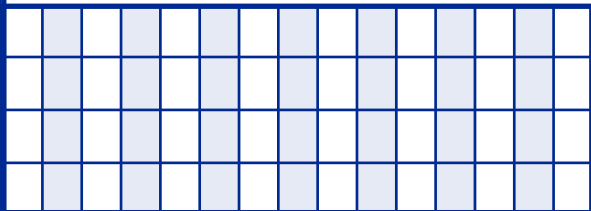
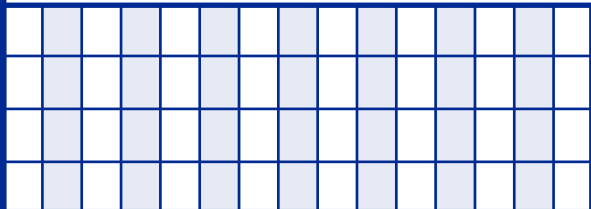
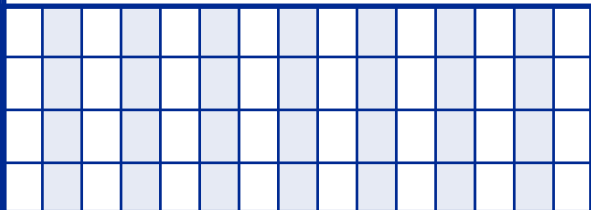
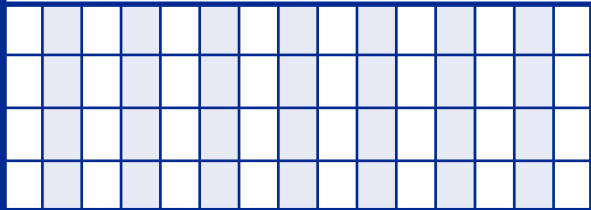
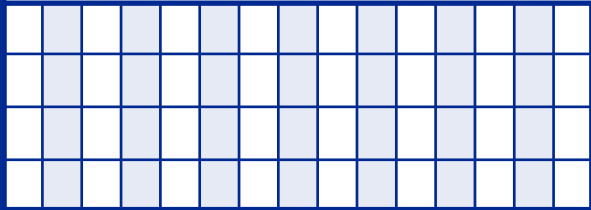
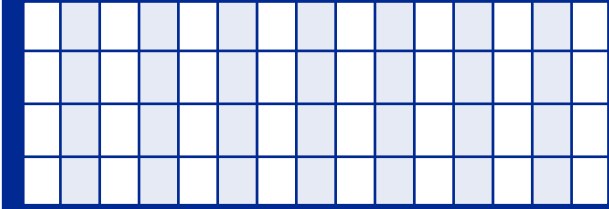


### All Routes: As Required Prescriptions

BEFORE ADMISSION <input type="checkbox"/>  NEW DOSE <input type="checkbox"/>  NEW MEDICATION <input type="checkbox"/>	<b>AA</b> DRUG DOSE ROUTE INDICATION PRESCRIBER (PRINT & SIGN) MAX.DOSE IN 24hrs. DATE: ADDITIONAL INSTRUCTIONS / MAX FREQUENCY / COMMENTS / PHARMACY	<b>STOPPED</b> DATE: INITIALS:	DATE																			
			TIME																			
			DOSE																			
			GIVEN BY																			
BEFORE ADMISSION <input type="checkbox"/>  NEW DOSE <input type="checkbox"/>  NEW MEDICATION <input type="checkbox"/>	<b>BB</b> DRUG DOSE ROUTE INDICATION PRESCRIBER (PRINT & SIGN) MAX.DOSE IN 24hrs. DATE: ADDITIONAL INSTRUCTIONS / MAX FREQUENCY / COMMENTS / PHARMACY	<b>STOPPED</b> DATE: INITIALS:	DATE																			
			TIME																			
			DOSE																			
			GIVEN BY																			
BEFORE ADMISSION <input type="checkbox"/>  NEW DOSE <input type="checkbox"/>  NEW MEDICATION <input type="checkbox"/>	<b>CC</b> DRUG DOSE ROUTE INDICATION PRESCRIBER (PRINT & SIGN) MAX.DOSE IN 24hrs. DATE: ADDITIONAL INSTRUCTIONS / MAX FREQUENCY / COMMENTS / PHARMACY	<b>STOPPED</b> DATE: INITIALS:	DATE																			
			TIME																			
			DOSE																			
			GIVEN BY																			
BEFORE ADMISSION <input type="checkbox"/>  NEW DOSE <input type="checkbox"/>  NEW MEDICATION <input type="checkbox"/>	<b>DD</b> DRUG DOSE ROUTE INDICATION PRESCRIBER (PRINT & SIGN) MAX.DOSE IN 24hrs. DATE: ADDITIONAL INSTRUCTIONS / MAX FREQUENCY / COMMENTS / PHARMACY	<b>STOPPED</b> DATE: INITIALS:	DATE																			
			TIME																			
			DOSE																			
			GIVEN BY																			
BEFORE ADMISSION <input type="checkbox"/>  NEW DOSE <input type="checkbox"/>  NEW MEDICATION <input type="checkbox"/>	<b>EE</b> DRUG DOSE ROUTE INDICATION PRESCRIBER (PRINT & SIGN) MAX.DOSE IN 24hrs. DATE: ADDITIONAL INSTRUCTIONS / MAX FREQUENCY / COMMENTS / PHARMACY	<b>STOPPED</b> DATE: INITIALS:	DATE																			
			TIME																			
			DOSE																			
			GIVEN BY																			
BEFORE ADMISSION <input type="checkbox"/>  NEW DOSE <input type="checkbox"/>  NEW MEDICATION <input type="checkbox"/>	<b>FF</b> DRUG DOSE ROUTE INDICATION PRESCRIBER (PRINT & SIGN) MAX.DOSE IN 24hrs. DATE: ADDITIONAL INSTRUCTIONS / MAX FREQUENCY / COMMENTS / PHARMACY	<b>STOPPED</b> DATE: INITIALS:	DATE																			
			TIME																			
			DOSE																			
			GIVEN BY																			

**Note: To discontinue a prescription, initial and date appropriate boxes, draw a diagonal line through section & record reason**







### All Routes: As Required Prescriptions

BEFORE ADMISSION <input type="checkbox"/>  NEW DOSE <input type="checkbox"/>  NEW MEDICATION <input type="checkbox"/>	<b>GG</b> DRUG DOSE      ROUTE      INDICATION PRESCRIBER (PRINT & SIGN)      MAX.DOSE IN 24hrs.      DATE: ADDITIONAL INSTRUCTIONS / MAX FREQUENCY / COMMENTS / PHARMACY	<b>STOPPED</b> DATE: INITIALS:	DATE																			
			TIME																			
			DOSE																			
			GIVEN BY																			

BEFORE ADMISSION <input type="checkbox"/>  NEW DOSE <input type="checkbox"/>  NEW MEDICATION <input type="checkbox"/>	<b>HH</b> DRUG DOSE      ROUTE      INDICATION PRESCRIBER (PRINT & SIGN)      MAX.DOSE IN 24hrs.      DATE: ADDITIONAL INSTRUCTIONS / MAX FREQUENCY / COMMENTS / PHARMACY	<b>STOPPED</b> DATE: INITIALS:	DATE																			
			TIME																			
			DOSE																			
			GIVEN BY																			

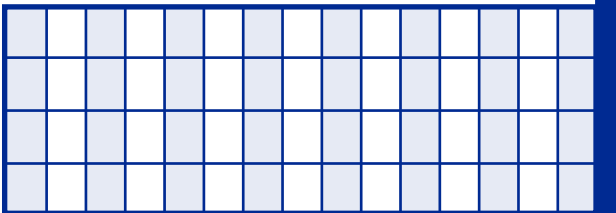
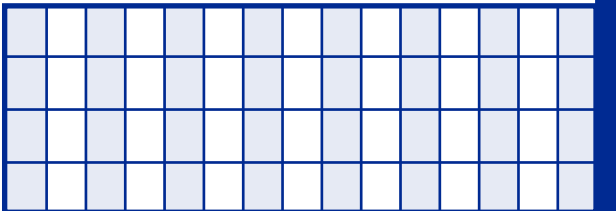
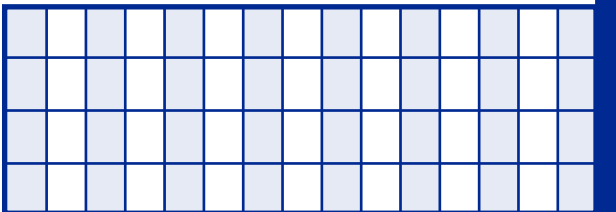
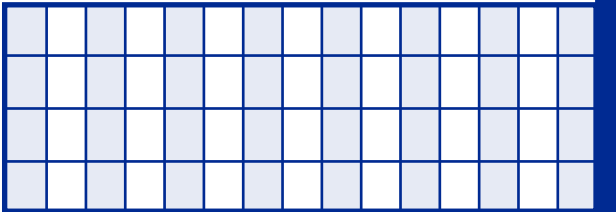
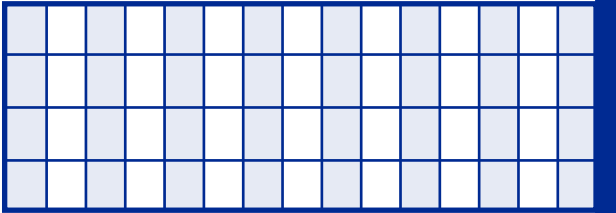
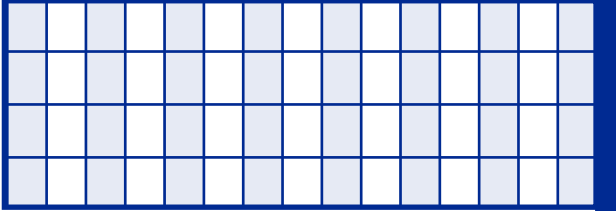
BEFORE ADMISSION <input type="checkbox"/>  NEW DOSE <input type="checkbox"/>  NEW MEDICATION <input type="checkbox"/>	<b>JJ</b> DRUG DOSE      ROUTE      INDICATION PRESCRIBER (PRINT & SIGN)      MAX.DOSE IN 24hrs.      DATE: ADDITIONAL INSTRUCTIONS / MAX FREQUENCY / COMMENTS / PHARMACY	<b>STOPPED</b> DATE: INITIALS:	DATE																			
			TIME																			
			DOSE																			
			GIVEN BY																			

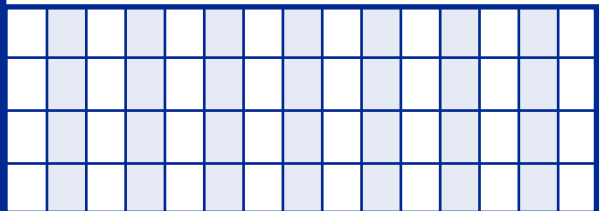
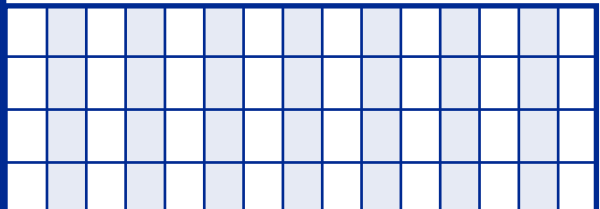
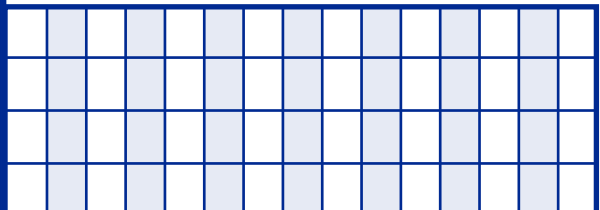
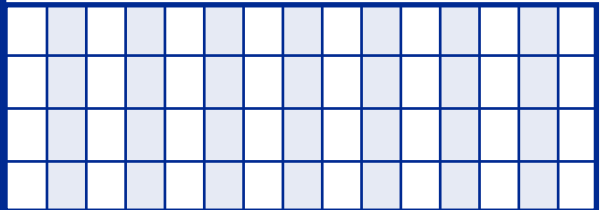
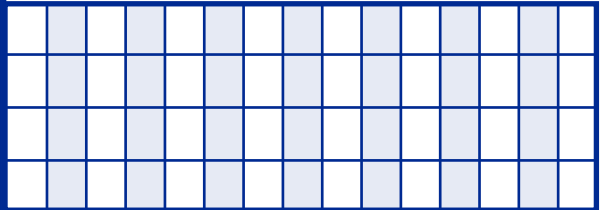
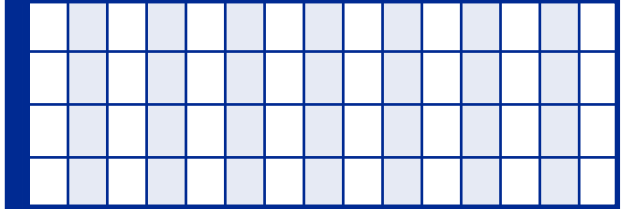
BEFORE ADMISSION <input type="checkbox"/>  NEW DOSE <input type="checkbox"/>  NEW MEDICATION <input type="checkbox"/>	<b>KK</b> DRUG DOSE      ROUTE      INDICATION PRESCRIBER (PRINT & SIGN)      MAX.DOSE IN 24hrs.      DATE: ADDITIONAL INSTRUCTIONS / MAX FREQUENCY / COMMENTS / PHARMACY	<b>STOPPED</b> DATE: INITIALS:	DATE																			
			TIME																			
			DOSE																			
			GIVEN BY																			

BEFORE ADMISSION <input type="checkbox"/>  NEW DOSE <input type="checkbox"/>  NEW MEDICATION <input type="checkbox"/>	<b>LL</b> DRUG DOSE      ROUTE      INDICATION PRESCRIBER (PRINT & SIGN)      MAX.DOSE IN 24hrs.      DATE: ADDITIONAL INSTRUCTIONS / MAX FREQUENCY / COMMENTS / PHARMACY	<b>STOPPED</b> DATE: INITIALS:	DATE																			
			TIME																			
			DOSE																			
			GIVEN BY																			

BEFORE ADMISSION <input type="checkbox"/>  NEW DOSE <input type="checkbox"/>  NEW MEDICATION <input type="checkbox"/>	<b>MM</b> DRUG DOSE      ROUTE      INDICATION PRESCRIBER (PRINT & SIGN)      MAX.DOSE IN 24hrs.      DATE: ADDITIONAL INSTRUCTIONS / MAX FREQUENCY / COMMENTS / PHARMACY	<b>STOPPED</b> DATE: INITIALS:	DATE																			
			TIME																			
			DOSE																			
			GIVEN BY																			

**Note: To discontinue a prescription, initial and date appropriate boxes, draw a diagonal line through section & record reason**









Non Daily Parenteral Drugs													
<b>BEFORE ADMISSION</b> <input type="checkbox"/>	<b>NN</b>	<b>DRUG</b>				<b>STOPPED</b>	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	
		DOSE	ROUTE	DATE	DATE:		INITIAL/DATE	INITIAL/DATE	INITIAL/DATE	INITIAL/DATE	INITIAL/DATE	INITIAL/DATE	
		PRESCRIBER (PRINT & SIGN)											INITIALS:
		INSTRUCTIONS - FREQUENCY / PHARMACY											
<b>BEFORE ADMISSION</b> <input type="checkbox"/>	<b>PP</b>	<b>DRUG</b>				<b>STOPPED</b>	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	
		DOSE	ROUTE	DATE	DATE:		INITIAL/DATE	INITIAL/DATE	INITIAL/DATE	INITIAL/DATE	INITIAL/DATE	INITIAL/DATE	
		PRESCRIBER (PRINT & SIGN)											INITIALS:
		INSTRUCTIONS - FREQUENCY / PHARMACY											
<b>BEFORE ADMISSION</b> <input type="checkbox"/>	<b>RR</b>	<b>DRUG</b>				<b>STOPPED</b>	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	
		DOSE	ROUTE	DATE	DATE:		INITIAL/DATE	INITIAL/DATE	INITIAL/DATE	INITIAL/DATE	INITIAL/DATE	INITIAL/DATE	
		PRESCRIBER (PRINT & SIGN)											INITIALS:
		INSTRUCTIONS - FREQUENCY / PHARMACY											
<b>BEFORE ADMISSION</b> <input type="checkbox"/>	<b>SS</b>	<b>DRUG</b>				<b>STOPPED</b>	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	
		DOSE	ROUTE	DATE	DATE:		INITIAL/DATE	INITIAL/DATE	INITIAL/DATE	INITIAL/DATE	INITIAL/DATE	INITIAL/DATE	
		PRESCRIBER (PRINT & SIGN)											INITIALS:
		INSTRUCTIONS - FREQUENCY / PHARMACY											
<b>BEFORE ADMISSION</b> <input type="checkbox"/>	<b>TT</b>	<b>DRUG</b>				<b>STOPPED</b>	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	
		DOSE	ROUTE	DATE	DATE:		INITIAL/DATE	INITIAL/DATE	INITIAL/DATE	INITIAL/DATE	INITIAL/DATE	INITIAL/DATE	
		PRESCRIBER (PRINT & SIGN)											INITIALS:
		INSTRUCTIONS - FREQUENCY / PHARMACY											
<b>BEFORE ADMISSION</b> <input type="checkbox"/>	<b>VV</b>	<b>DRUG</b>				<b>STOPPED</b>	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	
		DOSE	ROUTE	DATE	DATE:		INITIAL/DATE	INITIAL/DATE	INITIAL/DATE	INITIAL/DATE	INITIAL/DATE	INITIAL/DATE	
		PRESCRIBER (PRINT & SIGN)											INITIALS:
		INSTRUCTIONS - FREQUENCY / PHARMACY											

**Note: To discontinue a prescription, initial and date appropriate boxes, draw a diagonal line through section & record reason**

Name \_\_\_\_\_

CHI No \_\_\_\_\_

Ward \_\_\_\_\_

DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE
INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE
DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE
INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE
DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE
INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE
DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE
INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE
DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE
INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE
DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE
INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE
DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE
INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE	INITIAL/ DATE

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

## Notes for Users

### FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case of sustained release lithium or theophylline).
2. All prescription entries must be legible and made so as to be indelible (black ink is recommended).
3. Print & Sign your full name clearly against each prescription entry.
4. Please document appropriate administration times using the 24 hour clock format.
5. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date the appropriate boxes and record reason.
6. If an existing prescription entry is to be modified, delete the existing prescription and re-write the new instructions as a new prescription entry.
7. The following metric unit abbreviations must be used –

Milligram = mg                      Gram = g  
 Millilitre = ml                      Millimoles = mmol  
 Microgram / Nanogram / Units – **Do not abbreviate, write in full**

Fractions of a milligram should be written in micrograms. The use of decimal points should be avoided, if possible. If decimal points must be used a zero must be written in front of the decimal point (e.g. 0.5ml **NOT** .5ml).

8. The route of administration can be abbreviated using the following -

O = oral	TOP = topical	PEG = percutaneous endoscopic gastrostomy
IM = intramuscular	NEB = nebulised	RIG = radiologically inserted gastrostomy
SC = subcutaneous	IV = intravenous	PEJ = percutaneous endoscopic jejunostomy
NG = nasogastric	ID = intradermal	ETT = endotracheal
PV = per vagina	SL = sublingual	INHAL = inhaled
NJ = nasojejunostomy	PR = per rectum	

Please note - Intrathecal **must be written in full**.

### FOR NURSES

1. The 'Once only', 'Regular' and 'As required' sections should be checked at each administration round to ensure that inadvertent omission or double dosing are avoided.
2. Insert initials in the relevant date column and time row each time a drug is administered.
3. Check that all drugs prescribed at a certain time have been administered.
4. If a drug is not administered enter the reason code in the appropriate date column and time row and also document the full reason in the patient's notes.

## Codes for Non-Administration of Drugs

- |  |   |                                     |
|--|---|-------------------------------------|
| ① Patient allergy/sensitivity          | ⑧ Dose withheld on doctor's instructions  | ⑮ Given > 30 mins late (state time) |
| ② Patient refused                      | ⑨ Nausea/vomiting                         |                                     |
| ③ Drug not available (Document Action) | ⑩ Unable to swallow                       |                                     |
| ④ Nil by mouth/fasting                 | ⑪ No intravenous access                   |                                     |
| ⑤ Patient unavailable                  | ⑫ Patient Self-Administration of Medicine |                                     |
| ⑥ Patient asleep                       | ⑬ Other - Record in nursing notes         |                                     |
| ⑦ Time varied on doctor's instructions | ⑭ Prescription clarification required     |                                     |

## Nurse/Midwife Administration from Symptomatic Relief Policy Authorised Nurses/Midwives Only (Maximum number of doses as per policy)

**Warning: Check the As Required and Regular Prescription sections to ensure that the drug has not already been prescribed.**

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	NURSE (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)

## DRUG NOT AVAILABLE TO BE GIVEN, DOCUMENT ACTION BELOW

DATE	DRUG	DOSE	ROUTE	TIME	ACTION TAKEN	NURSE (PRINT & SIGN)

ING1626 Ver 3 6/2013